

them come, and that's the only health care that they have.

But with this bill, with a strong public option, those folks will be able to choose whether or not to be enrolled in that program or not. And if so, then they will get coverage for their medical throughout their lives. And that's exactly what we need in this country because this plan that would enable a public option will keep the insurance companies honest because it will be competitive, and so we're talking about lowering the cost of health care, taking some of that 88 percent of health insurance, rising cost, off the backs of the middle class.

Mr. ELLISON. Well, let me thank the gentleman, and let me remind everybody that this is the Progressive message, the Progressive Caucus coming together; and I just want to leave us with this.

Mary from Minneapolis says, My daughter needed her wisdom teeth out. At the time with insurance we were told to pay \$375 and we did. Then we got billed over a thousand. Resubmitted, eventually the amount was reduced to 750. In the meantime, my husband had no paycheck.

Her second story was, she had calcium deposits in her back which make it difficult for her to walk, and yet she's having to delay her treatment until such time that it gets to be an emergency.

There are health care nightmare stories all across America. This Democratic Caucus is hearing the cries of the American people and bringing forth reform, with a bill that includes a robust public option, will stop people being dropped and denied for pre-existing conditions; and we hope, Mr. Speaker, that people all over America talk about the fact that hope is on the way, change is on the way.

And I'm looking forward to pushing green on this bill, just like my colleague from Maryland talked about, feeling good about this change that's coming. Not that we don't have some tweaks to do, but, hey look, any tweak is nothing compared to the hope that this bill represents to the American people.

So, Mr. Speaker, I want to thank you and the Congress.

LIFE AND THE HEALTH CARE REFORM BILL

The SPEAKER pro tempore (Mr. MAFFEI). Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. FLEMING) is recognized for 60 minutes as the designee of the minority leader.

Mr. FLEMING. Mr. Speaker, we're going to be spending the next hour, I and my colleagues are going to be talking about issues that are really on the forefront right now of debate.

We've been talking for weeks and will continue to talk about health care reform; but as these bills are rolling out of committee, we're learning new facts

that are, I think, disconcerting to many of us, particularly those of us who are of the pro-life persuasion. So we're going to be talking this evening about the subject of life. We're going to be talking about abortions, preventing abortions, the up and down and the frequency of abortions. We may even get into end-of-life issues because all of these are relevant, of course, to what's going on with the health care debate today in Washington.

I want to start out with the first slide and notice it says from 1973 until the Hyde amendment was passed in 1976, Federal taxpayers were paying for 300,000 abortions per year, even though abortion was never mentioned in the original Medicaid statute. Think about that. There was no provision for abortions to be paid for under the Medicaid statutes, and yet 300,000 abortions per year were being provided, all at taxpayers' expense. How can this happen? How can this happen in America where something is being paid for, something that is unconscionable for, at least today, over 50 percent of Americans, and yet it's paid for by taxpayers?

You know, it's interesting in the abortion debate, some of us are definitely against abortions. We call ourselves pro-lifers. There are those who are in favor of abortions. They, of course, call themselves pro-choice. But the interesting thing about this matter, many of those who call themselves pro-choice actually say that they would like to see fewer abortions, perhaps even no abortions if it could be done, even though they would prefer that there not be a law against that. In fact, a recent study showed that 69 percent of Americans are against taxpayer-funded abortions.

So you have many different issues here. You have whether or not there should be abortions in the first place. You have the issue of those who even want to leave it to the mother would rather not see abortions, and then many Americans who really see no problem with the taking of life, don't want to have to pay for it, at least not through their taxes, of course.

But you know, it's very interesting that, again, from 1973 until the Hyde amendment was passed, there were 300,000 abortions per year. In 1976, something very interesting happened. The Hyde amendment was attached to an appropriations bill, and it prevented any further taxpayer funding of abortions except in the unusual case such as rape, incest, the health of the mother, of course; and we've seen a tremendous dip in the number of abortions. And, again, this slide illustrates the fact I mentioned a moment ago, 69 percent of Americans oppose taxpayer funding for abortions. That's a vast, vast majority of Americans.

We go to slide three. Abortion advocates are using health care reform to advance a hidden agenda. And here's a quote from Wendy Chavkin, who's former board chair of Physicians for Reproductive Health and Choice, obvi-

ously a pro-abortion advocate. She says, Public option—and that's referring to the current bills that are before us today, that is, the option of choosing a public plan, a government-run health care system—public option is key to the health reform, and using medical standard of care in language, instead of listing reproductive services that will siphon off votes, is key to this.

□ 2100

And what is she referring to? Well, if we talk about reproductive care, that of course implies reproductive services, including abortions.

Well, if we just leave it to the medical standard of care and let someone else define that standard of care, then what we really end up with is a standard of care out there that can be dictated to all that means, of course, abortion services.

So, really, what are we getting to in this entire debate and discussion? We're going to be getting into the weeds here in just a moment with my colleagues. But the bottom line is that if, according to the courts and according to the rules that can be provided by the administration, if abortion is not explicitly excluded under taxpayer funding, under Medicaid, any kind of single-payer, government-run health plan, if it is not specifically excluded, then it is included. Let me repeat that. If it is not explicitly excluded, it is included.

What does that mean? It means that it is a de facto mandate. The courts over and over have judged that if Congress does not say it's not to be paid for, it is considered a standard of care and therefore will be covered.

Again, I want to give you another quote here from the National Abortion Federation, which, "supports health care reform as a way to increase access to comprehensive reproductive health care, including abortion care for all women."

So, you see, the pro-abortion people are using this to advance their own goals, and that is to get the number of abortions back up again. I don't understand how that is in any way a desirable goal, but it's obvious they're doing that.

So what we're seeing here is a history that the more accessible abortions are—that is the easier they can be provided, and certainly for free without any costs—the fewer barriers there are, the more abortions there are going to be.

Now I have a quote from Barack Obama, our President. He says, Well, look, in my mind, reproductive care is essential care, basic care. So it is at the center, the heart of the plan that I propose. Insurers are going to have to abide by the same rules in terms of providing comprehensive care, including reproductive care that's going to be absolutely vital.

It's very clear where our President is going with this. Again, between the judicial branch and the executive

branch—the judicial branch, of course, in courts—again and again saying if Congress does not exclude it, it is included, and then a President who feels very strongly that it should be included, then it's going to be there unless we do our job and we amend this bill and exclude it. It has been attempted on the Senate side and failed. And certainly we're going to try.

This bill, of course, equals the largest expansion of taxpayer-funded abortion in history. In fact, I would say that it stands to increase the number of abortions greater than any time in history since *Roe v. Wade*. So we're really on the edge of another giant leap in terms of abortions.

I'm going to end my originating comments here with this, and that is many of you may recall when our President was asked, When does life begin? And what was his response to that? He said, as a candidate for the President of the United States, he said, Well, that's above my pay grade.

Well, I ask rhetorically, What is a higher pay grade than being the President of the United States? If he can't decide when life begins, then who do we go to? And that's going to be perhaps a matter of debate tonight.

I'm a physician. I can say very clearly and without hesitation that life begins at conception. It's a biological truth. It's biological fact. There's no way to argue around that. Many have tried. Some say that, Well, it's at the point of viability. But that, of course, is a moving target. Babies are surviving younger and younger in gestation.

So, as we go forward in the debate tonight, we certainly want to include all these issues relative to abortion.

My colleague JOE PRTTS, Congressman PRTTS, who has been at the forefront of the abortion debate for many years, really brings a lot of experience to us tonight. I want to recognize the gentleman and certainly give him the opportunity to use as much time as he may desire.

Mr. PRTTS. I thank the gentleman. I appreciate your overview and scheduling this hour over this so-called health reform and the abortion connection because this health care reform plan contains a hidden abortion mandate that the American people don't even realize is there.

It will mean that health care insurers will be forced to cover abortions. It will mean that taxpayer money will be used to subsidize abortions. Both a mandate and a subsidy against the moral objections of millions of pro-life Americans under the proposed health care reform bill which we're considering now in the Energy and Commerce Committee, on which I sit. And we began opening statements today. We will begin markup tomorrow. And it will continue next week for 3 more days.

Virtually under this bill every individual would be required to have health care that meets what they call minimum benefit standards.

Now, the bill does not design these minimum benefit standards, but instead it establishes a new government health board called the Health Benefits Advisory Committee. This committee is chaired by the Surgeon General and, in concert with the Secretary of Health and Human Services, will issue binding decrees on what is and is not considered a minimum Federal benefit standard.

There is absolutely no doubt, as the gentleman from Louisiana stated, that this process will result in mandated coverage of abortion, along with Federal subsidies for such coverage, unless Congress explicitly excludes abortion services.

When talking about health care reform, the gentleman mentioned President Obama himself stated that reproductive care is essential care, basic care. And Secretary Clinton just recently clarified that, "Productive health includes access to abortion."

History has demonstrated, as he pointed out, that unless abortion is explicitly excluded, administrative agencies and the courts will mandate it. We have seen this time and time again. The Federal Medicaid statute was silent on the issue of abortion, but the administration and the courts deemed abortion on demand to be mandated coverage. And, as a result, over 300,000 abortions a year were paid for with taxpayer funds before it was stopped.

In 1979, Congressman Henry Hyde asked the Indian Health Services where they found their authority to pay for abortions. They responded, "We would have no basis for refusing to pay for abortions." In both of these cases, explicit exclusions had to be added to ensure that taxpayers would not have to continue to pay for abortions.

And so every year when Labor and HHS that covers Medicaid is adopted, we have to adopt the Hyde amendment. It's an annual event.

Under this bill, any individual who does not have a plan that meets the minimum benefit standards, they will be forced to pay an additional 2½ percent penalty. Tax penalty. Any employer who does not provide coverage to his employees that meets these standards will pay up to an additional 8 percent tax penalty.

And so that means all premium payers and taxpayers in America who do not want a plan that pays for abortion will be penalized for it. In addition to mandating this coverage for abortion, the bill will also provide massive subsidies for abortion.

The bill both authorizes and appropriates funding for premium subsidies. So we won't have to appropriate money in the future if we pass this bill. And without explicit language to clarify that taxpayer dollars cannot and should not fund abortion, massive subsidies for premiums and cost-sharings will be used to pay for abortions against the moral objections of, as I have said, millions of pro-life Americans.

The issue here is simple: Americans should not be forced to have their tax dollars pay for abortion. And that's why I'm going to offer amendments in the Energy and Commerce Committee in the markup to eliminate the mandate, to eliminate the subsidies, and also to keep the bill from preempting State laws.

This bill is basically an end run to establish FOCA—Freedom of Choice Act. All the pro-life community knows what that is. This bill would preempt all State laws that would interfere with this bill and access to abortion.

We should not be forced to be unwitting participants as the abortion industry uses this law to mainstream the destruction of human life into Americans' health care industry. Health care is about saving and nurturing life, not about taking life. Abortion is not health care. And this bill seeks to establish that.

The majority of Americans, as was pointed out, do not support public funding for abortion, use of their taxpayers dollars for abortion, and they should not have this abortion coverage forcefully thrust upon them.

And so with that, I thank the gentleman for scheduling this hour. It's very important that we alert the public as to what is coming down the pike in the next couple of weeks so they can get involved and express their views to their Members so that they reflect their views here on the floor.

Mr. FLEMING. If the gentleman would allow, I'd like to ask a question. Congressman PRTTS, are you saying then that perhaps the other side of the aisle, the pro-choice or the pro-abortion folks, are really piggybacking onto a bill that has nothing to do with abortion in order to reach their goals, their aims that they perhaps have been trying to attempt for many years?

Mr. PRTTS. They know, in response to the gentleman, they know that if the bill is silent on the issue of abortion, they will control who's appointed to the Benefits Advisory Committee. And they have expressed their intent, from the President on down to all the organizations who have lobbied for this health care bill, that they intend that abortion will be a basic essential service.

And so they're relying on that advisory committee, on the Secretary of Health and Human Services, on the courts, on the administrators to guarantee that this will be provided. Friends, this is the big battle for our time. This is the greatest civil rights issue of our generation. And if we lose this battle, it's over.

Now is the time for all citizens to weigh in if they don't want their tax dollars used to set up this massive abortion scheme that's coming through this bill.

Mr. FLEMING. Well, I thank the gentleman for his comments and certainly will be happy to discuss this further as we go along this evening.

Again, I want to underscore and emphasize the comments here that, as the

gentleman says, abortion is not health care. In fact, I would say the taking of innocent life is not health care. In fact, as a physician I have a sworn honor not to take life, of course unnecessarily, and certainly innocent life; only to do so if it of course protects other life, such as in the case of perhaps an ectopic pregnancy, if you will, or a mother who's bleeding to death. When there's no viability of the fetus or the embryo to begin with, that's a life-saving measure.

But elective abortion—that is what this is. That is not health care. That is taking innocent life. And there is no way—in as many ways as we have tried to debate this, no one has ever been able to come up with a solid response to that argument that killing the unborn baby at any stage in life beyond conception is and always will be the taking of innocent life.

□ 2115

Well, this is an extremely interesting debate. I want to turn to my friend from the Corn State of Iowa, STEVE KING, Congressman KING. I know he is itching to add some very important comments, so I yield to my friend.

Mr. KING of Iowa. I thank the gentleman, the doctor from Louisiana, for organizing this Special Order this evening, and I thank my colleagues who have come to the floor to stand up for life and to make this argument, Mr. Speaker, before the American people tonight here on the floor of the House of Representatives.

I think, first and foremost, Dr. FLEMING made the point of this profound question, of this question about: When does life begin? It's a question that I will not hear answered from over here on this side of the aisle where we find so many people who are promoting the idea of compelling all Americans, including pro-life Americans, to fund abortions in this country under all circumstances and also in foreign lands. Many of those votes have gone up on this floor.

I'll lay out how I deal with this from time to time when I've gone into a school auditorium to visit with students and when I've had the principal hand me the cordless microphone and say, "They're yours for 50 minutes or for whatever time there might be."

In that conversation, I'll ask them to ask themselves two questions. I'll say, "You're young people, and you're establishing your principles and your values for life, and these are profound questions that you'll be asked. So the first question I'll ask is:

Is all human life sacred in all of its forms? Do you believe in the sanctity of human life?

They'll look at each other a little bit. Some will understand it instantly, and some of them won't understand it at all, and for others, it will soak in a little bit. Then I explain it:

Is your life sacred? Is the life of the person next to you sacred? Are the lives of your families, of your brothers,

of your sisters, of your parents, of your aunts and your uncles, of the people in your classes, and of your closest friends sacred? Do you believe in the sanctity of human life?

They come to a unanimous position. They look around and say yes. They realize that their families, their friends, their neighbors—that every human life on this planet is a sacred, unique creation from God. When they come to that conclusion—and it's always unanimous in the gymnasium or in the auditorium or wherever it might be—then I ask them:

Now that you've answered the first question of whether you believe in the sanctity of human life and now that you've all said "yes" and "amen," the next question then is: At what instant does life begin?

Dr. FLEMING has said, and I agree, that life begins at the instant of conception and that you have to choose an instant because, otherwise, it's a moving target, and otherwise, it's guesswork with sacred human life. So it's throughout that 9 months of gestation, and it came to me this way:

When my first son was born, my first child, I held him in my arms, and I just looked upon a miracle, and I thought, How could anyone take this child's life at this moment, at this moment shortly after his birth? But then I asked myself the question, What is unique about this? What would be different about his life the moment before he was born? He's still a child. He's still a unique creature from God. So I just quickly rationalized back through that period of time of those 9 months that he'd been forming, and there is no instant there that you could pick as the time and say, well, he was a human being, a sacred human being at this point, but not a moment earlier. So you have to choose an instant that life begins, and the only instant that exists in the whole process is at fertilization, conception.

So I asked those students then another question, which was: What if someone walked by the door to this gymnasium, which was full of these students, and stuck a gun through the door and looked the other way away from them and pulled the trigger and ran down the hallway and the security people chased him down and captured him outside and cuffed him? Now you'd all be safe except for what might have happened.

Did he kill somebody or didn't he?

They looked at each other, and they said, Well, we don't know. I said, That's my point, but if there is a dead body in the gymnasium, he killed somebody. Whether he knows or whether you know, it's still a fact, and he's still guilty of murder, of premeditated murder.

So it isn't a matter of saying, Well, I don't know for sure, so I'm just going to go ahead and err and have an abortion. It's a matter of that precise line and of thinking of that precise moral question. I'm not casting aspersions or

blame or guilt on anyone. I'm just asking young people to think about this. I'm asking adults to think about this. I have never found anyone who I've debated this issue with—and there have been many—who can respond to those questions. If they're asked the first question—is human life sacred in all of its forms?—and if they say "yes," as we all do, then there is no escaping the fact that that human life begins at the instant of conception. That is at the core of this debate.

Here we have a Congress that seems to have political power and support and campaign contributions that flow into the coffers of, at this point, a majority of the Members in the House of Representatives. I've watched Members gravitate towards their power base and put up the votes that flatter the people who show up at their fund-raising events.

I will never forget the night we had the vote here in early 2007 on the Mexico City language. The gentleman from New Jersey, whom we'll hear from in a moment, offered that amendment. I was over about that far back, and as CHRIS SMITH said, We won the debate and we lost the vote. Over on this side, there were 30 or so who were jumping up and down, clapping, cheering and hugging each other. If I'd been closer, I could have told you whether they'd had tears of joy, but they were elated that they had defeated our effort to block Federal funding for abortions in foreign lands.

I looked at that, and I thought, How could anyone have it in his heart to exhibit such joy at funding abortions and at the end of life of innocent babies in foreign lands? First, I don't think that was their joy. Tonight, I did. As I think it over, no, it was more that they believed that they had landed a blow against the political opinions of the people here of most of us on this side of the aisle and of about a good 30 pro-lifers on the other side of the aisle. Political opinions? These are profound, deeply held moral convictions that are tied and rooted in our religions as well. That's what this discussion and this debate are about.

When I see language that comes out that sets up, essentially, a mandatory national health care plan that has no exemption in for abortion or for the funding of abortion, if it's not an explicit exclusion, as the gentleman said, then we know by deep and long experience that there will be federally funded abortions.

By the way, I don't believe there's a conscience clause in all of these hundreds of pages in the bill either, and President Obama would not allow a conscience clause. He has opposed that along the way. He has appointed as his Office of Legal Counsel a young lady who has been a strong advocate for abortion and who has argued a number of cases for the National Abortion Rights Action League. It looks like the Senate is poised to confirm a justice to the Supreme Court who has a fairly

significant record in advocating for or in coming down with decisions that enable more and more abortions.

We need to draw a bright moral line. Laws that we pass in this Congress are laws that are rooted in the moral foundation of our people, and if we see that 51 percent of the people in America characterize themselves as pro-life—and that's the number that we're looking at here tonight—and if you slice and dice that and if you go on up the line and if you define "pro-life" as, maybe, someone who makes an exception for the life of the mother and then as someone who makes exceptions for rape and for incest and maybe as someone who makes an exception and says we should not do partial birth abortion, you get almost up to 100 percent. Hardly anybody believes that you should take a baby who is almost born and draw their brains out while they're struggling for life. We put an end to that in this Congress, and it was a struggle to do so, and it was twice before the United States Supreme Court.

I've seen numbers that take us all on up into the 70th and higher percentile of self-professed pro-life people, depending on how you define it. Yet when we have 69 percent of the people in this country that argue you should not use taxpayers' dollars to fund abortions—and certainly I'm among those, and I think we're unanimous in that—that is big debate. It's a profound debate. It goes to the heart of the moral core of the people of the United States of America. I am grateful that the gentleman from Louisiana, who has demonstrated a lifetime as a practitioner in the health care industry and who understands this clearly, has brought this issue to the floor, and I stand united with you.

I yield back.

Mr. FLEMING. Mr. PITTS.

Mr. PITTS. I want just to highlight something that the gentleman from Iowa said. I think this is really a good way to explain it.

When does a baby's life have value?

Now, we know no one in this Congress would kill a 1-month-old baby or a 2-week-old baby, but if you could make life a line and put that dividing line at birth, what makes a baby that is 2 weeks old any more valuable than a baby who is 2 weeks before birth? What makes a 1-month-old baby any more valuable than one who is a month before birth? What makes a 3-month-old baby more valuable than a 3-month premature baby? If you go back on that line, when on that line does this baby's life begin to have value?

Those of us who hold the sanctity of life, I think, would believe that, from the moment of conception, as a little embryo, that that small, tiny human being has value. We know that its blood type is different than its mother's. It couldn't receive a blood transfusion from its mother. It probably couldn't receive a skin graft from its mother. In fact, by about 9 to 10 weeks, 11 weeks, which is when most abortions

are done, that little baby has its fingerprints that are completely unique from any other individual's ever born. It has dream patterns on its brain waves. It sucks its thumb. If you put a light intrauterine, it will hold up its hand and will turn its head. It feels pain. It is a little, unique individual in a little life support system that is not very big, but it is certainly just as valuable as any other baby. That's why we speak up for these little ones who can't speak for themselves.

They are subject to the most gruesome, horrific procedure known to mankind. I remember the chairwoman of the Feminists for Life speaking to a group of us. She said abortion is the most violent form of death known to mankind and that abortion always has two victims—one dead, one wounded. One is the baby and one is the mother. She said an abortion breaks a woman's heart, and there are a lot of people who have suffered from this, and we need to do something about that.

I thought your illustration was really right on. It's a good way of illustrating why we're speaking up tonight for these little unborn children and for their moms.

I yield back.

Mr. FLEMING. Reclaiming my time, before I go to the gentlelady, I wanted to follow up on that, on the perspective of having unique fingerprints, for instance.

You know, at the moment of conception, that baby has a DNA pattern that is unique unto history. No one has ever had the same DNA pattern. No one ever will have the same DNA pattern, and that does make that a unique human being, but here is something else to ponder, I think:

Why is it that we think so differently about the born child versus the unborn child when there may only be a few days' difference? I've thought about this and have pondered this. It is a unique capability that human beings have, which is to dehumanize. We have the ability to dehumanize other human beings. I can give you some great examples.

Look at Nazi Germany. Millions of Jews and Poles and others were exterminated because they were not thought to be truly human, but a human cannot do this to his own species unless he thinks one is a sub-human or a nonhuman. Look, of course, at the days of slavery. How could we have the Founding Fathers of our country think in terms of freedom for all and yet enslave our fellow man? The only way to do it is to think of those people as not being human.

That is the reason that people today can abort children, even to the point of partial late-term abortion, which is to think of them as nonhumans, and I think that's something that we really have to reassess in our lives—certainly our religious values. My values as a Christian suggest that a life is a life. Think of all the George Washingtons and the Abraham Lincolns and the Ein-

steins who are being aborted every day, people who could add so much to our future.

Anyway, we have a lot to cover, and I want to thank the gentlelady from North Carolina, VIRGINIA FOXX. She is about the most hardworking Congressperson I know up here, and I always like to turn to her for valuable advice on things, so I yield to the gentlelady.

□ 2130

Ms. FOXX. Thank you, Dr. FLEMING. I appreciate you organizing this Special Order tonight and the comments of my colleagues from Pennsylvania. My colleague from Iowa and you have both been very eloquent tonight. I won't try to add a lot to the really terrific comments that you all have made, but I did want to come and lend my support to this Special Order tonight and say that I certainly share with you the horror of the fact that this bill is going to be the largest expansion of taxpayer-funded abortion in history. We spoke out against it in the Rules Committee. We've been speaking out against it for days but to no avail. And I was thinking also about what you were saying a few minutes ago about dehumanizing. I think that one of the big concerns that I have and that many people are having in the debate that we've been having with health care funding and with the attempt by the Obama administration and Speaker PELOSI to turn our health care in this country upside down, the greatest health care system in the world, to turn it upside down and have it be given over to government control is the great fear that many of us have about rationing care and the fact that we are concerned that the attitude toward abortion, which has permeated our colleagues on the other side, is going to be extended to other people in our culture, particularly to the elderly. And I agree with you. It doesn't take much to go from not recognizing the humanity of an unborn child to not recognizing the humanity of someone with a handicap or a challenge, a physical challenge, to not recognizing the worth of an older human being. I think that is a great fear that many of us have in our country.

I was thinking about the rules process. Being the newest member of the Rules Committee and going through the appropriations process for the first time, we have been protesting for the last 3 weeks the way the majority has handled rules and the way it's handled amendments. We have been closed out from being able to offer amendments that would put folks on the record for how they feel, not just about this issue, which I think is by far one of the most important issues we're dealing with in this Congress, but on lots of them. Today we had 11 amendments from our colleague JEFF FLAKE. I voted for every single one of those amendments because it cut pork-barrel spending and earmarks. However, the argument from our colleagues on the other side is that

there isn't enough time to have an open rules process because they want to get through appropriations right away; and yet if we had an open rules process, we could have put some of the amendments that have been put together by you, Congressman PITTS and others—one dealing with access to abortion, for example. Again, we know that this bill that you have been talking about is going to require abortion clinics in communities that don't want abortion clinics. We know that 85 percent of communities in this country do not have them, yet this bill is going to mean that there are going to have to be abortion clinics or abortion providers made available in those communities; and the reason we were told that we couldn't offer these amendments to try to stop these things was because there wasn't enough time.

The other point I would like to make is, this afternoon the Rules Committee met; and we are going to deal with a bill that is not at all needed right now. But it's going to deal with opening up more Federal lands to wild horses and donkeys. Yet we are passing legislation that is going to result in the deaths of millions of unborn children. People are saying to me, What has happened to our country? I am frightened to death for our country and the direction in which it is going. And I think there are very few things that will point out the inconsistencies in the way people around here talk about things and what they actually do than to say, We took up the time in the Rules Committee today; and we're going to have on the floor tomorrow a rule which is going to deal with that issue about wild horses and wild donkeys; and yet we don't have the time to debate whether or not we want to take money from people who are strongly morally opposed to abortion and allow abortions to be done with our taxpayer money. So I believe the American people are waking up. I just hope they come out with a strong voice and say, This is not what I want my country to be doing.

Mr. FLEMING. I thank the gentleman for those comments. Of course very adroit, to the point, essential and important; and it also speaks to the process that we're going through in which these really weighty debates, weighty issues are being ignored and much more trivial issues are focused on here in this body. Again, we're talking this evening about the pro-life issues and the potential, if this bill passes, the ObamaCare, the single-payer health care reform plan that's coming out of the House and the Senate as well and the fact that just simply by not addressing the issue of taxpayer-funded abortions is actually allowing for them and providing for them through what is really a de facto mandate process.

With that, I want to recognize my friend CHRIS SMITH from New Jersey. Congressman SMITH has taken a point on pro-life issues so often. We have so much, of course, to thank him for in

this respect. And with that, I yield to the gentleman.

Mr. SMITH of New Jersey. Dr. FLEMING, thank you very much for your leadership. It is so reassuring in so many ways having a distinguished medical doctor like yourself leading the fight, as you have done so ably, and to have some of our other docs who are speaking out so eloquently on behalf of the most fundamental human right of all, and that is the right to life. I find it appalling—and I know you do and our colleagues who are here tonight—that unborn children and the preciousness and the innate value of their lives is so easily cast aside by this Congress, regrettably by the abortion President, President Obama, who has systematically, since he has taken office, through policy reversal, through policy reinterpretation and through legislative proposals that he has made, including one that passed today that will force taxpayers to pay for abortion on demand in the District of Columbia. And we know when that happens, there will be more abortions, and the tragedy of that is beyond words. Young boys and girls who will never taste the sunshine, never see the light of day, never enjoy the everyday happiness, joy and challenges that all of us face. Their lives will have been snuffed out, killed in a very—as JOE PITTS just said a moment ago—a violent procedure, as you know so well as a medical doctor, of dismembering a child. I hope the American people finally at long last rip away the facade, the veil of secrecy that has so enveloped the abortion issue all of these years, whereby children are hacked to death by the abortionist, poisoned, as you know so well, with chemical poisons that effectuate the death of a fragile innocent body, a little child who wants to live and yet he's killed.

Mr. FLEMING. If I might reclaim just for a moment, if the gentleman will yield. In the late-term abortions—I've never seen one, but my understanding is that a trocar is inserted into the womb, into the skull of the baby, and the brains are sucked out, among many other things. Here we are concerned about waterboarding, and yet these kinds of techniques are done on our innocent children.

Mr. SMITH of New Jersey. I would also point out that this Congress almost 4 years ago passed legislation, got 250 votes in favor of legislation that I offered, cosponsored by Mr. PITTS and many other colleagues, that basically said that unborn children feel pain. The evidence is overwhelming, at least from the 20th week on and probably before. And while this hacking maneuver, the D&E abortion is occurring, the child in that first few minutes of that gruesome, brutal decapitation—but it starts with arms and legs—suffers and feels excruciating pain. And as Dr. Sunny Anand has said, who is one of the pioneers in anesthesia for unborn children for benign reasons, surgeries and fixing children or at least helping

to ameliorate spina bifida and other problems, you have to give anesthesia to these children or they feel it. Well, the abortionist has no such concerns and brutally kills the child.

□ 2140

Let me just say a couple of points, and again, we have got to ask the questions, and Americans really have to ask the question, why the rush to enact Mr. Obama's exceedingly expensive, complex and potentially ruinous restructuring plan without the benefit of comprehensive hearings on it and a thorough vetting of the actual bill text, rushing right to a markup before the Americans can look at it and decide what are the consequences, short, intermediate and long term to the legislation?

ObamaCare, as we now are seeing so clearly, is the greatest threat ever to the lives and the well-being of unborn children since Roe v. Wade itself legalized abortion right up to the moment of birth. We have made serious, modest but serious, attempts that have passed at the State and Federal level to mitigate abortions' reach by denying Federal funding, by putting in things like women's right-to-know laws, parental notification, waiting periods, all of which have lessened and reduced the number of abortions. All of that is at risk right now with this ObamaCare recommendation.

Despite Mr. Obama's oft-repeated statement that he wants to reduce abortion, just last week he told that to the Pope, a couple weeks before that to a big audience at Notre Dame University, and he says it over and over again. Well, words should have meaning. They should have consequences and actions should comport with those words. And in this case, they are diametrically opposed. He says one thing and does precisely the opposite.

The ugly truth is that if his so-called health care reform care bill, if enacted, will lead to millions of additional deaths to children and millions of mothers will be wounded. Even the pro-abortion Guttmacher Institute has found that between 20 and 35 percent of Medicare-eligible women who would choose abortion carry their pregnancies to term when public funding is not available.

I remember when Henry Hyde was told, and it was like a revelation, the great Henry Hyde, the human rights leader, the finest orator perhaps ever in the history of this institution and the Hyde amendment author that proscribes Federal funding for abortion in the Medicaid program, when he learned that, by this extrapolation, that it was really true that millions of kids had survived because of his legislative leadership, and JIM OBERSTAR who was there that day and helped craft that legislation of the Hyde amendment in the 1970s, Henry Hyde had a big tear in his eye, knowing that there were kids walking all across America, now some of those kids, young adults, having

their own children because the money wasn't there to facilitate their violent death.

Henry Hyde and all of us who have been part of this know that because of these efforts, uphill as they are, children will survive, and mothers will avert this irreversible decision. ObamaCare opens the spigot of public funding and does more to facilitate abortion than any action since Roe, and this is the big issue. And I hope every American realizes, despite all of the cheap sophistry that is being thrown about here, what is at the core of this is an abortion promotion and the facilitation of it and spending for it.

Despite the fact that a majority of Americans don't want to fund abortion, and every poll shows that, the Obama-Dingell-Kennedy bill will force every taxpayer and premium payer in the United States to pay for and facilitate every abortion in the country.

ObamaCare will absolutely mandate abortion on demand, even in private insurance plans, which will lead to many more abortions. On April 2, Secretary Sebelius admitted that most private plans "do not cover abortion services except in certain instances." That radically changes under ObamaCare. The legislation vests new, and you have gotten into this, Doctor, new huge, sweeping powers into an Obama-appointed committee that will be crafted after the legislation is signed into law, establishing essential health benefits all plans must include.

That is the dirty little secret about this bill. They are waiting until after it is all inked and signed by the President, and then these so-called experts will say, this is what every minimum plan needs to have in it, and we have no doubt whatsoever that abortion will be in the mainstay of what they provide.

NARAL's president has said, If indeed we can advance a panel or commission, then I'm very optimistic about reproductive health being part of the entire package. In 2007, Mr. Obama told Planned Parenthood, Reproductive care is essential care, we are absolutely in favor of reproductive care. But then as Hillary Clinton said in response to a question I posed at the Foreign Affairs Committee, she said, of course, reproductive health includes access to abortion.

So they use word games to cloak and stealth it. But the bottom line is that what they are talking about is abortion on demand.

Pro-abortion organizations believe they are on the verge of the biggest expansion of abortion ever. The president of the Religious Coalition for Reproductive Choice said, Let there be no mistake, basic health care includes abortion service.

ObamaCare will also exponentially expand the number of abortion mills in this country by requiring that any insurance provider contract with essential community providers. And guess

what? Planned Parenthood, which itself does over 300,000 abortions every year, a staggering loss of children's lives, many of those children are from adolescents, young minor girls who get abortions there, often without parental notification or consent, on June 17 billed itself in a media blitz as essential community health care providers.

So they will be integrated with the health care insurance companies and a number of clinics which have dwindled and gone down over the years, as well as doctors willing to commit these grizzly acts will grow because there will be a mandate from Uncle Sam, from the White House and from this Congress if this is allowed to happen.

So I just want to say to my colleagues one last thing. In the early 1980s I was the prime sponsor of the Federal funding ban under the Federal Employees Health Benefits Program. We had a very big floor fight in this battle. We won it. President Reagan signed it into law, and the government plan that I'm in, and I suspect all of you are in, and many government employees, if not all, but most, all of a sudden did not provide for abortions.

In the first year, when President Clinton had his Presidency, and the Democrats controlled the House and the Senate, we lost that rider in the Treasury-Postal appropriations bill. The Clinton administration swung into action and ordered all of the insurance companies to carry abortion. There was no language in the bill, no pro-life language, no pro-abortion language, no language, but that meant they could order, just like they did with the Hyde amendment under President Carter in the 1970s that necessitated the Hyde amendment in the first place.

So let me say to my colleagues on the Democratic side, and perhaps those on the Republican side who haven't really gotten it yet, if there is no language in here proscribing abortion, explicit language, it will be there. The Benefits Advisory Committee will order it, and as we have found with public funding, no language equals abortion subsidization, which leads to a significant skyrocketing of abortions in this country.

We want fewer abortions. We want to affirm life and love them both, mother and child. So I thank you, Dr. FLEMING, for giving us this opportunity to hopefully alert the American people that the abortion industry is looking really, in a very quick way, in a hurry-up offense, to take the most offensive acts against children, innocent children, and with their taxpayer dollars, yours and mine.

I yield back, Dr. FLEMING.

Mr. FLEMING. Well, thank you to the gentleman, Mr. SMITH, from New Jersey, for your truly passionate, eloquent statements. It is obvious, Congressman, that you have a deep passion that sits on your heart very heavily. And it is one of the things that is deeply distressing for you and for many of us here in this body.

Just to reframe, again, what our discussion is and what we are really talking about, we are not really debating abortion. That has been debated endlessly, and everyone knows where we are. What we are debating is a tremendous Federal expansion of abortions that will occur with this bill. Why? Not because there is a single word, no language at all that says there must be, but simply from an absence of language. And what that means is, and it is because of the courts and the administration, it is just the way the law works around here, but just suffice it to say if it doesn't exclude it, it includes it. And that means that you, the taxpayer, and those paying premiums, will be paying for the abortions of others, whether you like it or not.

We are also represented tonight by another New Jersey Congressperson, Congresslady SCHMIDT, who has probably run more marathons than the rest of the body put together. And obviously her physique reflects that fact. So she has a lot to bring to us when it comes to the discussion of health, and we are really anxious to hear about that. So with that, I would like to yield to the gentlelady.

Mrs. SCHMIDT. Thank you, Dr. FLEMING.

I am actually not from New Jersey, but my husband was raised there. I'm from Ohio. And I'm very proud of that because I'm from the area where the right-to-life movement was actually born under the direction of Dr. Jack and Barbara Wilke. I'm also the Chair of the Congressional Women's Pro-Life Caucus, and I truly believe that our movement is at its best when we speak for those populations that are most vulnerable. We all believe that human life is sacred, and we are the female voices for the fight for life here in Congress.

□ 2150

Our movement has made great strides in creating a culture of life. A recent Gallup poll shows that a majority of Americans do consider themselves pro-life. And a recent Zogby poll said that 69 percent of respondents support the Hyde amendment to prevent taxpayer dollars from funding abortions under Medicaid. Most Americans, I truly believe, feel that abortion should be rare and we should be looking for ways to reduce the number of abortions performed.

Unfortunately, the massive health care bill that this House is considering seeks to take us in the opposite direction. Unless amended, this bill will mandate abortion coverage for nearly every insurance plan in America, because—as has been stated before and I'll state it again—if abortion mandates are not specifically excluded, the courts will rule that they must be included.

The coming days and weeks are the most important, I believe, for the pro-life movement since Roe v. Wade. As

our Congress, this body, takes up comprehensive health care reform, I believe we the pro-life group in this body must mobilize and ensure that our voices are heard so that our Nation's voices are heard. Because if we don't act, every American will be forced to pay for these services, whether through their premiums or taxes. Abortion rates have fallen over the last 30 years, but if we fail to act, I wholeheartedly believe we will see abortion rates skyrocket.

Health care, you know, Dr. FLEMING, and you know this all too well—you took that oath—is about saving lives. It's about providing our help, our love, our compassion, our prayers to the young women who need it. Health care reform should be about finding ways to do that better, not mandating coverage that we all agree will not do that. We should be doing things to make abortion rare. After all, everyone, including that unborn child, deserves the right to life.

Dr. FLEMING, thank you so much for bringing this to the attention of this body and of the American people. You are a great American and hopefully you will save a life because of this action.

Mr. FLEMING. I thank the gentleman for yielding back, and I apologize, from Ohio instead of New Jersey. I'm getting my Schmidts and my Smiths mixed up this evening. Briefly in the final moments, I want to pitch back to Mr. SMITH from New Jersey.

Mr. SMITH of New Jersey. Dr. FLEMING, thank you and say to my friend from Ohio, thank you for that extraordinarily eloquent statement, as usual.

Mrs. SCHMIDT. Thank you very much.

Mr. SMITH of New Jersey. Let me just make a couple of points, Doctor. The abortion industry is seeking a bailout. This is the abortion bailout bill and it needs to be seen as that. The number of abortions are going down because of ultrasound and because of educational efforts. This would mandate private insurers to cover abortion—and public as well—expand venues, the killing centers, to do abortions.

But there's something that I would like your take on. The former director of the National Abortion Federation has said that the number of abortions are going down, also, because there are physicians who either can't or won't perform this, quote, essential service in her view. The American Medical News reported that abortion is a matter of choice in this country, not only for women but for physicians as well. All over the country most physicians are choosing not to do it. The San Francisco Chronicle has said those who run abortion clinics, even in large cities, say that recruiting doctors is now their most serious problem. To which we say, thank God that doctors are doing what the Hippocratic oath has told them and admonished them to do.

I would like your take on that.

Mr. FLEMING. I appreciate that. We're going to be running out of time

and I'm going to give you a brief response to that. When I was in the Navy, I had a friend who was an OB-GYN who specifically refused to do abortions. He said it was against his conscience. He retired and went into the local town nearby to go into practice and his practice began a little slow and soon within months he became the most prolific abortionist in town.

So in answer to your question, the reason why so many people, or those who have done it in the past have done it, it's obvious. It's money. It's a very lucrative trade. But on the other hand in the medical communities, in the communities at large, there's been tremendous social pressure against that. As a result, I think many have decided it isn't worth the money.

This has been a wonderful hour. I do thank my colleagues for visiting and adding so many wonderful comments. We could spend another couple of hours on this.

With that, I yield back the balance of my time.

CLEAN ENERGY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. BOCCIERI) is recognized for 60 minutes.

Mr. BOCCIERI. Thank you, Mr. Speaker.

It's an honor to be in this Chamber, in this body, to talk about an issue that is so important to our country. I'm so happy to be joined by my colleague Steve Driehaus from Cincinnati, a fellow Ohioan, and my good friend and neighbor in the Longworth Building, TOM PERRIELLO from Virginia.

Tonight we're going to have a very spirited dialogue about clean energy and about the American Clean Energy and Security Act that passed this Chamber and the necessity of enacting this legislation very soon as it pertains to our national security.

With that, let me begin by suggesting this, my friends. In this Congress, we were elected to represent the people of Ohio and Virginia collectively here with my colleagues, but to represent the interests of the United States in much broader terms. And after having spent 15 years in the United States Air Force as a C-130 pilot flying all over the world, to 60 different nations, visiting places I never dreamed I would see, seeing people, meeting people I never dreamed I would meet and doing things that I never dreamed that I would do, it only takes one trip outside the borders of the United States to understand how good we have it here. And when you think about all the blessings that this country has been given in terms of the abundance of natural resources, in terms of the opportunity to write our own destiny, we are truly a blessed nation. And I say this because we find ourselves at a crossroads in our history as it pertains to energy.

Now we have 3 percent of the world's population but we consume nearly 40

percent of the world's natural resources. The United States has a very big demand, whether it's electricity, whether it's our dependence on foreign oil, or whether it's our overreliance on other fossil fuels that make this country very dependent on international geopolitical forces.

I've got to tell you, what specifically concerns me with respect to our energy policy is the fact that 60 percent of our oil comes from overseas. Sixty percent. And 40 percent comes from the Middle East, where we find our military engaged in two wars on two different fronts in a region that has an abundance of oil but a lack of democracy and a lack of attention to humanitarian interests and a democracy that works for the people.

So while we become very dependent on overseas supply of oil, we find ourselves now at a crossroads. We were elected, and we're freshman Members here, it's our first term serving in this august body, but I will tell you this, that we will be judged by two measures. We will be judged by action or inaction, and now is the time to take action for our national security, to create jobs in this country that cannot be outsourced and to make sure that we move away from our dependence on foreign oil. It's in this spirit that I look for a robust conversation about how this protects our national security.

I will yield to my colleague from Ohio.

□ 2200

Mr. DRIEHAUS. Thank you very much, Congressman BOCCIERI, and I would agree that this is about action versus inaction.

From 1994 until 2006, the Republican Party ruled the Congress. They ruled the House of Representatives, and they were at the root of the inaction. This energy crisis didn't sneak up on us. This health care crisis didn't sneak up on us. The housing bubble and the financial crisis didn't sneak up on us. We could have done something. We could have done something about our reliance on foreign energy. We could have done something about health care. We could have done something about the financial institutions. But my colleagues on the other side of the aisle, rather than act, they chose not to act. So I agree wholeheartedly that we will be judged on what we are willing to do for this country.

I have a couple of observations about the bill that we passed, and I have never seen so much information—misinformation, on a bill in my life as I saw on this one.

My colleagues on the other side of the aisle—who are chatting—were spreading rumors. They were spreading rumors about costs of \$4,000 a year in tax increases on the energy bill.

Now, I don't know about you, but I talked to my energy friends back home. I talked to my friends at Duke Power, and they suggested that the potential increases, if there are increases—and I would argue that those